

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## ACCIDENT STATEMENT

Date of Submission .....	03/07/2023 16:24 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	02/07/2023 21:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PIE TOWARDS CHANGI BEFORE UPPER SERANGOON ROAD EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLJ4883Y
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	1AXIS PRESTIGE LEASING PTE. LTD.
Company Reg No .....	2XXXXX962N
Email Address .....	charlottevehicles@gmail.com
Mobile Phone No .....	(Phone) +65-96971707
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Vezel
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private hire
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1496

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMHCSNA00017352200

### DRIVER

Name of Driver .....	YEO SENG BENG
NRIC No .....	SXXXX527A
Date Of Birth .....	23/04/1967

Occupation .....	Outdoor
Date Of Driving Pass .....	13/05/1996
Driving experience .....	27 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90266677
Alt. Phone Number .....	-
Email Address .....	charlottevehicles@gmail.com
Address .....	APT BLK 107 BUKIT PURMEI ROAD
Address complement .....	# 03-47
Postcode .....	090107
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	RENTAL-LEASING
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collided into Property
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLCE REPORT - T/20230703/7005

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SG6086B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	YEO SENG BENG
Gender .....	Male
Phone No .....	(Phone) +65-90266677
Address .....	APT BLK 107 BUKIT PURMEI ROAD
Address Complement .....	# 03-47
Post Code .....	090107
Approximate Age Years Old .....	-
Injuries Sustained .....	RIGHT HAND PAIN AND BACK PAIN
Injured person in which vehicle? .....	SLJ4883Y
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies;
5. **Any false reporting may be referred to the Police for investigation**;
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties;
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid;
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, acknowledge, agree and consent that :  
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :  
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;  
(ii) investigating the accident and/or my claims;  
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;  
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or  
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.  
(collectively the "Purposes")  
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and  
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

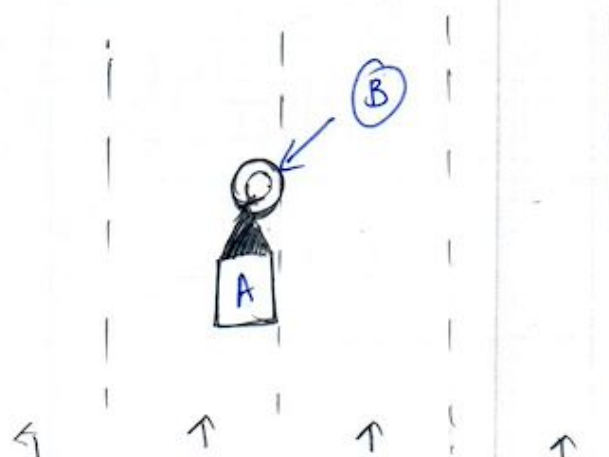
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE towards Changi Before upper Serangoon Road Exit

A - SLJ 4883Y  
B - Tyre (SQ 6086B)



Describe Circumstances of the Accident

on 2/7/23 at about 2115 hours at along PIE towards Changi before upper Serangoon Road Exit. I was travelling on the 3rd lane at the above mentioned road and suddenly, a tyre that belong to SG6086B was on the floor, I tried to avoid but was in vain and hit onto the front portion of my vehicle (A) causing damages to my vehicle. After the accident, I alight and I spoke to the driver of SG6086B and he told me that his office will contact me during office hours. I have one passenger onboard. After the accident, I consult a doctor and was given 05 days MC for my injury.


attached police Report - 7120230703/7005 -

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature, Date & Time

 03/7/2023

Driver's Signature (if driver is not the policyholder) / Date & Time

 2/7/2023

Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20230703/7005

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20230703/7005

**CONTINUATION OF REPORT**

Driver			
Name	YEO SENG BENG		ID No. S1796527A
Related Vehicle	SLJ4883Y (Car)		Contact No. 90266677
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	03/07/2023		Date NIL
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

on 02/07/2023 at about 2115 hours at along PIE Towards Changi before Upper Serangoon Road Exit. I was travelling on the 3rd lane at the above mentioned road and suddenly, a tyre that belong to SG6086B was on the floor, I tried to avoid but was in vain and hit onto the front portion of my vehicle (A) causing damages to my vehicle. After the accident, I alight and I spoke to the driver of SG6086B and he told me that his office will contact me during office hours. I have one passenger onboard. After the accident, I consult a doctor and was given 05 days MC for my injury.

(A) SLJ4883Y  
(B) SG6086B

























































**SINGAPORE  
POLICE FORCE**



T/20230703/7005

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20230703/7005

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/07/2023 10:01		Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: YEO SENG BENG		Address: 107 BUKIT PURMEI ROAD #03-47 SINGAPORE 090107		
ID Type / ID No.: NRIC NO / S1796527A		Contact No.: Home/Office: Mobile: 90266677		
Nationality: SINGAPORE CITIZEN		Email: koiyeo@gmail.com		
Sex: Male	Age: 56	Date of Birth: 23/04/1967	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Private-hire car driver		Driving Licence Information: Class: Date of Expiry:		

#### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/07/2023 21:15	Type of Location: Straight Road
Location:  PIE TOWARDS CHANGI BEFORE UPPER SERANGOON ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

#### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SG6086B	Bus/Coach/Minibus					0
SLJ4883Y	Car					1

#### Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20230703/7005

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20230703/7005

**CONTINUATION OF REPORT**

Driver			
Name	YEO SENG BENG	ID No.	S1796527A
Related Vehicle	SLJ4883Y (Car)	Contact No.	90266677
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	03/07/2023	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

on 02/07/2023 at about 2115 hours at along PIE Towards Changi before Upper Serangoon Road Exit. I was travelling on the 3rd lane at the above mentioned road and suddenly, a tyre that belong to SG6086B was on the floor, I tried to avoid but was in vain and hit onto the front portion of my vehicle (A) causing damages to my vehicle. After the accident, I alight and I spoke to the driver of SG6086B and he told me that his office will contact me during office hours. I have one passenger onboard. After the accident, I consult a doctor and was given 05 days MC for my injury.

(A) SLJ4883Y  
(B) SG6086B

**SINGAPORE  
POLICE FORCE**

T/20230703/7005

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20230703/7005

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
LEE GUANG HUI  
Contact No.: 65476204

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
03/07/2023 10:01

Classification Of Case:

NP168



